***Pole Vault STL Sessions***

***Registration Form***

Name – Sessions Attending -

Shirt Size -

Age – School –

Email – Phone# -

Years of Vaulting Experience –

Check one of the following please:

Have Poles and will bring them \_\_\_\_ Need Poles \_\_\_\_

PR –

**New Vaulters:**

Height \_\_\_\_ Weight\_\_\_\_

Goals for camp, things you want to improve –

**Please make checks payable to:**

**CCZ Enterprises, LLC**

**12016 Theiss Rd.**

**St. Louis, MO 63128**

**314 402-3030**

[**Stlpolevault@gmail.com**](mailto:Stlpolevault@gmail.com)

**PoleVaultstl.club**